

Docket No.
1895-SPL

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
NON-INVASIVE HEALTH MONITOR

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International

Application Number _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

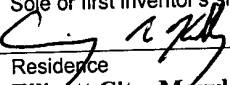
Prior Foreign Application(s)			Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Francis A. Cooch, Registration No. 31,495
 Benjamin Y. Roca, Registration No. 50,166
 Albert J. Fasulo, II, Registration No. 43,607

Send Correspondence to: **Francis A. Cooch, Office of Patent Counsel**
The Johns Hopkins University
Applied Physics Laboratory
11100 Johns Hopkins Road, Laurel, MD 20723-6099

Direct Telephone Calls to: *(name and telephone number)*
Francis A. Cooch (240) 228-5640

Full name of sole or first inventor	
Craig A. Kelly	
Sole or first inventor's signature	Date
	10/16/03
Residence	
Ellicott City, Maryland U.S.A.	
Citizenship	
United States	
Post Office Address	
3552 Rosemary Lane	
Ellicott City, Maryland 21042 U.S.A.	

Full name of second inventor, if any	
Second inventor's signature	Date
Residence	
Citizenship	
Post Office Address	